

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

0147861 AV

DOCUMENT # P01000053485

1. Entity Name
ASCO LEASING, INC.

02-13-2002 90230 028 ***150.00

Principal Place of Business
2455 HOLLYWOOD BLVD SUITE 109
HOLLYWOOD FL 33020

Mailing Address
2455 HOLLYWOOD BLVD SUITE 109
HOLLYWOOD FL 33020

E0025489



2. Principal Place of Business
804 CYPRESS BLVD
 Suite, Apt. #, etc.
303

3. Mailing Address
804 CYPRESS BLVD
 Suite, Apt. #, etc.
303

DO NOT WRITE IN THIS SPACE

City & State
POMPADO BEACH FL
 Zip
33069 Country
USA

City & State
POMPADO BEACH FL
 Zip
33069 Country
USA

4. FEI Number
65-1105973

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEPHEN R. YAFFE, CPA, P.A.
2455 HOLLYWOOD BLVD SUITE 109
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name **Alan Cohen**
 Street Address (P.O. Box Number is not acceptable)
804 Cypress Blvd, #303
 City **Pompano Beach** FL Zip Code **33069**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE DATE **1/29/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, ALAN		NAME		
STREET ADDRESS	804 CYPRESS BLVD SUITE 303		STREET ADDRESS		
CITY-ST-ZIP	POMPADO BEACH FL 33069		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **1/29/02**

CR2E034 (9/01)